

**University of Wisconsin Hospital and Clinics
Graduate Medical Education Oversight Committee
Internal Review Process Checklist**

Review Team Primary Reviewer

Review the following areas with regard to ACGME Institutional and Individual Program Requirements

Program:

Current Accreditation Status

Date of last site visit _____

Length of cycle _____

Anticipated date of next site visit _____

Most Recent Citations, including responses and current status:

Last Internal Review

Date _____

Conclusion/Recommendations, including responses and current status:

Compare issues raised by Internal Review to citations from most recent ACGME Site Visit

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Number of Residents Compared to Approved Complement

Faculty Qualifications

Sufficient number, appropriate qualifications, scholarly activity

Program Director qualifications, support, protected time

Adequacy of Resources

Support staff, protected time for director, IT support

Curriculum

Clinical Activities

Didactic Activities

Conferences – number, variety, attendance, resident/fellow involvement
Breadth of subject matter

Academic

Research requirements / Opportunities
Academic project requirements:
Departmental support / Mentoring

Graduate Performance on Certification Exams

Case Logs

Resident case numbers in relation to requirements

Monitoring of logs

Duty Hours

Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- assurance of the safety and welfare of patients entrusted to their care;
- provision of patient- and family-centered care;
- assurance of their fitness for duty;
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators;
- honest and accurate reporting of duty hours

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- honest and accurate reporting of patient outcomes, and clinical experience data.

Monitoring methods

Compliance

ACGME Resident Survey

“Grey Box” concerns

Trends over past three years

Transitions of Care

How do you teach and monitor residents’ competence

Quality Improvement

The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.

The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

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Secondary Reviewer

Review the following areas with regard to Institutional and Individual Program Requirements

Goals and Objectives

Overall educational goals for program

Goals and Objectives for each rotation and learning activity

Level specific

Core Competency based

Evaluations

Resident Evaluation by Faculty

Formative

Frequency (*new question on PIFs: what percentage of the faculty complete written evaluations of residents within 2 weeks following each rotation or educational experience?*)

Competency based?

Documents progressive improvement appropriate to educational level?

Compliance tracked?

Accessible for review by residents?

Feedback mechanism

Summative

Part of resident's permanent record?

States "has demonstrated sufficient competence to enter practice without direct supervision"?

Faculty Evaluation by Residents

Frequency

Reviews faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities?

Compliance tracked?

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Feedback mechanism for faculty

360°

Competency based?

Who?

Resident Evaluation of Program

Faculty Evaluation of Program

Other (e.g. Graduate Surveys, etc.)

Mechanism to ensure confidentiality of evaluations

Compare goals and objectives and evaluations for a given rotation – does the evaluation evaluate the goals and objectives?

Annual Program Evaluation

Date:

Documentation:

Reviewed resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; and, program quality

Improvement plan linked to assessment results, clearly defined and approved by faculty

Core Competencies

Please refer to the Competency Chart as a source of data for responding to the questions below:

Are the Core Competencies fully incorporated into all Goals and Objectives?

What evidence is there of multiple approaches to teaching?

What evidence is there of multiple modes of evaluation?

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What concrete evidence is there of program improvement based on evaluation of the core competencies in trainees?

Areas of Deficiency:

Define specific program improvements that have resulted from the use of the above assessment tools:

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Resident Reviewer

Please review the following areas with the program residents

Adequacy of teaching

Clinical

Quality of didactics

Quality/faculty participation in conferences

Adequacy of supervision

Faculty availability

Responsiveness of Program Director

Evaluation

Do you:

receive semi-annual written evaluations?

receive written or electronic feedback for each rotation?

have access to your evaluations upon request?

confidentially evaluate the faculty at least annually?

confidentially evaluate the program at least annually?

Goals and Objectives

Distributed?

Discussed at the start of each rotation?

Duty Hours

Call frequency

Average number of hours/week

One day off in seven (averaged over four weeks)?

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PG 1's – are you honest and accurate in reporting of your duty hours
– are you honest and accurate in reporting patient outcomes and clinical
experience data

Maximum shift of 24 hours (plus 6 hours for continuity/transfer of care)?

10 hours off between shifts?

Home call?

Adequacy of resources

Call rooms

Computer access

Financial (book fund, meeting fund, etc.)

Adequate faculty mentoring

Clinical resources

Support/Ancillary Staff

Does the presence of other learners interfere with education?

Patient Safety

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility.

How do you demonstrate an understanding and acceptance of your role?

Teamwork

How do you participate in effective interprofessional teams that are appropriate to the delivery of care in the specialty? (each Review Committee will define the elements that must be present in each specialty)

Other Concerns?

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Administrative Reviewer

Please review and verify the following required documents

Review resident files

- Agreement of Appointment/Contract – annual *(ACGME/UWHC/CMS requirement)*
- Medical license after PGY 1 year *(UWHC/State of Wisconsin requirement)*
- Verification of past training/summative eval – upper level hires or transfers *(ACGME/GME requirement)*
Examples of verification of previous educational experiences could include a list of rotations completed, evaluations of various educational experiences, procedural/operative experience
- Evaluations by faculty *(ACGME requirement)*
- Evaluations by other staff (nurses, peers, patients); please list *(ACGME requirement)*
- Final summative evaluation for most recent graduating class *(ACMGE requirement)*
- Moonlighting Statement of Permission – annual *(ACGME requirement)*
- Required Certification - CPR, ACLS, PALS, ATLS *(UWHC/Some RRC's requirement)*
- Procedure Logs *(ACGME requirement)*
- Competency Assessment *(ACGME/Joint Commission requirement)*

- The following printed on the exterior of each file: *“This file contains confidential information. Access to this file and the information contained therein is governed by the GME Policy for Resident Files and Retention.” (GME requirement)*

Policies *(ACGME/GME requirement)*

| | EXISTS | COMMENTS |
|---|---------------|-----------------|
| Resident Recruitment and Selection | | |
| Duty Hours | | |
| Moonlighting | | |
| Supervision (look at the program requirements; some are more specific than others) | | |
| Grievance | | |
| Leave | | |
| Stress and Fatigue | | |
| Other (eg Program Specific Requirements) | | |

Program Letters of Agreement *(ACGME requirement)*